

Massachusetts Department of Public Health

Daily Fluoridation Report- Form A - Directions

Purpose: This form is to be used by the public water system (PWS) to document finished water fluoride concentrations from treatment plants. All pumping fluoridated sources **MUST** be tested daily for fluoride at the entry point to the distribution system or after the point of fluoride application.

The optimum fluoride level is 1.0 ppm, with a permissible range of 0.9-1.2 ppm.

Directions:

Use the same form daily for one month for each source or manifolded or combined sources. Enter the monitoring period in month/year format.

Section I: PWS Information

Enter 1. The system name; 2. 7-digit MassDEP assigned Public Water System identification number; 3. City, Town or District; 4. MassDEP Source Code(s) and Location ID/Name; 5. Check if the source is manifolded or combined and 6. List the location or DEP ID number of the location for the daily sample.

Section II: PWS Chemical Use Information

1. Check the type of fluoride used
2. List the purity of the fluoride compound used
3. Check if the fluoride-metering pumps are protected by two (2) operating anti-siphoning (back pressure) valves
4. List the date that the anti-siphon valves were **disassembled and inspected** in the last 12 months
5. Check if the fluoride test meter was calibrated each day before use
6. List if you need technical assistance and briefly describe the problem. Use additional paper if necessary.

Section III: Daily Result for each day fluoride is added to the water supply (*includes a monthly reporting field for systems using saturators*)

1. **Gallons of Water Treated:** Enter the number of gallons treated to the nearest 1,000 gallons.
2. **Amount of Fluoride Compound Added** in pounds: If a saturator is used, the total pounds added in a month must be tallied for use in the monthly calculation of fluoride dosage
3. **Saturator volume of makeup water added:** Enter the gallons or cubic feet, to the nearest tenth, of make-up water (saturated solution) added.
4. **Calculated Fluoride Ion Dosage:** each day the fluoride dosage must be calculated and entered using the appropriate formula. Fluoride dosage formulas are listed on a separate page.
5. **Results of Fluoride Test:** For each day of the month enter the fluoride concentration in ppm (milligrams/liter).
6. **Name of Tester and Comments:** Each day enter the name of the operator who is testing the fluoride levels and comments. (Ex. Well off-line - no testing, any equipment breakdown, change in product or batch mixing day).
7. **Monthly Calculated Fluoride Ion Dosage: If you use a Saturator** you must calculate and report the monthly fluoride ion dosage. Fluoride dosage formulas are listed on a separate sheet.

Form A, B, and C must be returned to the Massachusetts Department of Public Health Office of Oral Health by the 10th day following the reporting month.

Form A may also be used to comply with MassDEP's monthly treatment chemical report requirement 310 CMR 22.15(4). If you intend to use this form for compliance with MassDEP requirements you must submit another copy of Form A to your Mass DEP regional office.

Form A is also available in Excel to allow for electronic tabulation of totals and averages. To get a copy of the Excel form please contact DPH Office of Oral Health at 617-624-6074 or visit the MassDEP or DPH website noted below.

Electronic copies of all forms are located at DPH Office of Oral Health <http://www.mass.gov/dph/fch/ooh.htm> and Mass DEP/DWP <http://www.mass.gov/dep/water/>